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** CONTINUING DATA *****

This application is a CON of 10/321,138 12/16/2002 PAT 6,708,352
 which is a CON of 09/551,266 04/18/2000 PAT 6,493,888
 and is a CON of 09/604,208 06/27/2000 PAT 6,735,800

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY SC	SHEETS DRAWING 8	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>Robert B. Latta</i> Initials: <i>R.B.L.</i>				

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TITLE

Patient support apparatus and method

☐ All Fees

☐ 1.16 Fees (Filing)

FILING FEE RECEIVED 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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